

FEE TRANSMITTAL

Electronic Version v08

Stylesheet Version v08.0

Title of Invention	[Board Game]																						
Application Number :																							
Date :																							
First Named Applicant:		Mr. Gerald Bauldock Sr.																					
Attorney Docket Number:																							
TOTAL FEE AUTHORIZED \$ 557																							
Patent fees are subject to annual revisions on or about October 1st of each year.																							
Filing as small entity																							
BASIC FILING FEE																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Utility Filing Fee</td><td>2001</td><td>385</td><td>385</td></tr><tr><td colspan="4" style="text-align: right;">Subtotal For Basic Filing Fees: \$ 385</td></tr></tbody></table>				Fee Description	Fee Code	Amount \$	Fee Paid \$	Utility Filing Fee	2001	385	385	Subtotal For Basic Filing Fees: \$ 385											
Fee Description	Fee Code	Amount \$	Fee Paid \$																				
Utility Filing Fee	2001	385	385																				
Subtotal For Basic Filing Fees: \$ 385																							
EXTRA CLAIM FEES																							
<table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Fee Description</th><th>Extra Claim</th><th>Fee Code</th><th>Amount \$</th><th>Fee Paid \$</th></tr></thead><tbody><tr><td>Total Claims : 20</td><td>0</td><td>2202</td><td>9</td><td>0</td></tr><tr><td>Independent Claims : 7</td><td>4</td><td>2201</td><td>43</td><td>172</td></tr><tr><td colspan="5" style="text-align: right;">Subtotal For Extra Claims Fees: \$ 172</td></tr></tbody></table>				Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$	Total Claims : 20	0	2202	9	0	Independent Claims : 7	4	2201	43	172	Subtotal For Extra Claims Fees: \$ 172				
Fee Description	Extra Claim	Fee Code	Amount \$	Fee Paid \$																			
Total Claims : 20	0	2202	9	0																			
Independent Claims : 7	4	2201	43	172																			
Subtotal For Extra Claims Fees: \$ 172																							
AUTHORIZED BILLING INFORMATION																							
The commissioner is hereby authorized to charge indicated fees and credit any overpayments to:																							
Credit account number:		3844																					
Expiration Date (YYYYMMDD):		2003-11-02																					
Authorized name:		Gerald Bauldock																					
Billing address:		08046																					